FEC FORM 2 STATEMENT OF CANDIDACY

PAGE 1/1

(b) Address (number and street) Check if address changed 2. Candidate's FEC Generalization Number Statement Network Statement Network (c) City, State, and ZIP Code WA 98466 Statement Network Network Amended (c) City, State, and ZIP Code WA 98466 Statement Network Net	1. (a) Name of Candidate (in full)									
3333 Marke Place Way 404: 406 SatWAb0643 (c) City, State, and ZIP Code APRY Affiliation 0. Office Sought 6. State & District of Candidate Way 00 0. Market Place DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE 7. Ihereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election) election(s), (year of election) NOTE: This designation should be filed with the appropriate office listed in the instructions. (a) Name of Committee (in full) Melanie Ram 4 US Senate Melanie Ram 4 US Senate (b) Address (number and street) 363 Market Place W Apt 405 (c) City, State, and ZIP Code University Place WA DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundralsing Representatives) 8. Ihereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidace. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code (c) City, State, and ZIP Code (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code (c) City, State, and ZIP Code						2 Candidate's EEC Identification Number				
University Place WA 98466 Statement (i) OR (A) 4. Party Affiliation 5. Office Sought 6. State & Distinct of Candidate 0 0 (A) REPUBLICAN PARTY 5. Office Sought 6. State & Distinct of Candidate 0 0 (A) DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE 7. Interesty designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election) election(s). NOTE: This designation should be filed with the appropriate office listed in the instructions. (a) Name of Committee (in full) Melanie Ram 4 US Senate (b) Address (number and street) 3633 Market Place W Apt.406 (c) City. State, and ZIP Code University Place WA 98465 DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Induding Joint Fundraising Representatives) (a) Name of Committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidate. (c) City, State, and ZIP Code (c) City, State, and ZIP Code (c) City, State, and ZIP Code (c) City, State, and ZIP Code (c) City, State, and ZIP Code <t< td=""><td colspan="5"></td><td>0649</td><td></td><td></td><td></td></t<>						0649				
A. Party Affiliation A. Party A Affiliation A. Party Affiliation A. Par		10/0	0946	c		~ /				
REPUBLICAN PARTY Senate WA 00 DESIGNATION OF PRINCIPAL CAMPAIGN COMMITTEE 7. Ihereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election) election(s). (year of election) NOTE: This designation should be filed with the appropriate office listed in the instructions. (a) Name of Committee (in full) (b) Address (number and street) 3633 Market Place W Apt.406 (c) City, State, and ZIP Code WA 98466 DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) 8. Ihereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (b) Address (number and street) (c) City, State, and ZIP Code (c) City, State, and ZIP Code Date Output the statement and to the best of my knowledge and belief it is true, correct and complete. Signature of Condidate RAM, MELANIE, Q430/2024 Q430/2024 Note: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.			9846			()	UR	(A	.)	
7. I hereby designate the following named political committee as my Principal Campaign Committee for the 2024 (year of election) election(s). NOTE: This designation should be filed with the appropriate office listed in the instructions. (a) Name of Committee (in full) Melanie Ram 4 US Senate (b) Address (number and street) 3633 Market Place W Apt.406 (c) City, State, and ZIP Code University Place WA 98466 DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundralsing Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (c) City, State, and ZIP Code (b) Address (number and street) (c) City, State, and ZIP Code (c) City, State, and ZIP Code Itertify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Signature of Candidate RMM_MELANIE, Odraouzo24 Other		-				ite				
Intervely dougnated the intervention should be filed with the appropriate office listed in the instructions. (year of election) (a) Name of Committee (in full) Melanie Ram 4 US Senate (b) Address (number and street) 3633 Market Place W Apt.406 (c) City, State, and ZIP Code WA 98456 University Place WA 98456 DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code University Place VA 98456 DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and c	DE	SIGNATION OF PRI	NCIPAL	CAMPAIGI		TEE				
(a) Name of Committee (in full) Melanie Ram 4 US Senate (b) Address (number and street) 3633 Market Place W Apt 406 (c) City, State, and ZIP Code University Place WA 98466 DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Signature of Candidate RM, MELANTE, NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g. NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.	7. I hereby designate the following nar	ned political committee as my	y Principal (Campaign Comr				n(s).		
Melanie Ram 4 US Senate (b) Address (number and street) 3633 Market Place W Apt.406 (c) City, State, and ZIP Code University Place WA 98466 DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Signature of Candidate 04/30/2024 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.	NOTE: This designation should be t	iled with the appropriate offic	e listed in th	ne instructions.						
(b) Address (number and street) 3633 Market Place W Apt.406 (c) City, State, and ZIP Code University Place WA 98466 DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have examined this Statement and to the best of my knowledge and belief It is true, correct and complete. Signature of Candidate Date RAM, MELANIE, , . 0/4/30/2024 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.	(a) Name of Committee (in full)									
3633 Market Place W Apt.406 (c) City, State, and ZIP Code University Place WA 98466 DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) (Including Joint Fundraising Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Signature of Candidate RAM, MELANIE, , , NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g. NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.	Melanie Ram 4 US	Senate								
(c) City, State, and ZIP Code WA 98466 DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) 8. 1 hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Signature of Candidate Date RM, MELANIE, 04/30/2024 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.	(b) Address (number and street)									
University Place WA 98466 DESIGNATION OF OTHER AUTHORIZED COMMITTEES (Including Joint Fundraising Representatives) 8. 1 hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code Date 04/30/2024 Others: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.	3633 Market Place W Apt.406	3								
Exercise y nate	(c) City, State, and ZIP Code									
(Including Joint Fundraising Representatives) 8. I hereby authorize the following named committee, which is NOT my principal campaign committee, to receive and expend funds on behalf of my candidacy. NOTE: This designation should be filed with the principal campaign committee. (a) Name of Committee (in full) (b) Address (number and street) (c) City, State, and ZIP Code I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Signature of Candidate RAM, MELANIE, , , NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.	University Place			WA	98466					
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Signature of Candidate Date RAM, MELANIE, , , 04/30/2024 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.	candidacy. NOTE: This designation should be f (a) Name of Committee (in full) (b) Address (number and street)				nmittee, to rec	eive and expe	end funds (on behalf	of my	
Signature of Candidate Date RAM, MELANIE, , , 04/30/2024 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.	(c) City, State, and ZIP Code									
RAM, MELANIE, , , 04/30/2024 NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.		mined this Statement and to	the best of	my knowledge a	and belief it is t	rue, correct a	nd comple	te.		
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to penalties of 2 U.S.C. §437g.	Signature of Candidate				Date	Date				
	RAM, MELANIE, , ,				04/30/2024					
FEC FORM 2 (REV. 02/2009)	NOTE: Submission of false, erroneous	, or incomplete information m	ay subject t	he person signii	ng this Stateme	ent to penaltie	es of 2 U.S	.C. §437g	g.	
FEC FORM 2 (REV. 02/2009)										
							FEC	FORM 2 (R	EV. 02/2009)	